

Foster Family Home - Corrective Action Report

Provider ID: 1-120017

Home Name: Shirley Ann Agustin, CNA

Review ID: 1-120017-6

94-1113 Waipahu Street

Reviewer: Sunny Bach

Waipahu

HI

96797

Begin Date: 1/28/2015

End Date: 2/26/15

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)

Review for recertification. Deficiencies listed in separate areas. CAP issued with closing date of 2/28/15. All items submitted 2/26/15.

Foster Family Home

Background Checks

[17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(2)

CG 3: APS/CAN was due in 2014.

Foster Family Home

Reporting Changes

[17-1454-10]

10. The case management agency or home shall immediately report to the department changes that may affect the case management agency's or home's ability to comply with the applicable requirements of this chapter. Changes to be reported include, but are not limited to, changes:

Comment:

10:

CAregiver #4 needs to be removed through CTA office.

Foster Family Home

Information Confidentiality

[17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5)

No confidentiality training.

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Personnel and Staffing

[17-1454-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)
CG # 2 is overdue for TB screening.

41.(c)
CG # 3 has only 8 hours of CEU.

3 Person Staffing

3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(a)(2) A current Registered Nurses license and if expiring within the next 30 days, evidence of a new license and one year of experience in a home setting, substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, or;

41.(3P)(a)(4) A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility,

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(a)(2),(4)
Job experience forms are left blank or filled in with "varied", not totals as instructed on the form.

41.(3P)(b)(2)
Sign out sheets not being used until October. Sign out sheets done incorrectly.

Foster Family Home

Fire Safety

[17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

45.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

Comment:

45 (a),(b):
Fire drill records were not in [redacted] book. ^{#1} CG stated they were in client book, but were not there.

Feb 27 15:01:27p

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Fiscal Requirements

[17-1454-49.1]

49.1.(a)

The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

49.1.(b)

The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

49.1.(c)

All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

49.1a:

No budget kept until this month (Jan 2015)

Foster Family Home

Records

[17-1454-52]

52.(a)(3)

A list of applicable community resources.

Comment:

52.(a)(3)

No list of community resources. - Caregiver submitted List

Compliance Manager

Primary Care Giver

Date

Date

Attn. Sunny Bach

CORRECTIVE ACTION PLAN CORRECTIONS

PCG NAME: Shirley Ann Agustin

DATE: 01/28/2015

DEFICIENCY: 7.1.(a)(2)

CG #3 [REDACTED] APS/CAN

How did you correct this deficiency?

It was renewed on 10/02/2014 and was ready for viewing on 10/6/14. When [REDACTED] retrieved the form online, it wouldn't allow [REDACTED] will call customer service for the CG in account.

How will you avoid committing this deficiency in the future?

In the future, I will have it done and make sure its up to date.

DEFICIENCY:

10. #4

CG [REDACTED] needs to be removed through CTA office.

How did you correct this deficiency?

CG #4 [REDACTED] as my SCG in 2013. For reason, CTA shows she haven't been removed as my SCG.

How will you avoid committing this deficiency in the future?

Make a copy of Substitute Caregiver Change Notification form when faxing and make sure CTA has removed the person.

DEFICIENCY:

13.1.(b)(5) No Confidentiality training

How did you correct this deficiency?

Printed the form on comties.com. Had reviewed it with my SCG's and sign it.

How will you avoid committing this deficiency in the future?

Make sure to have it in my folder and reviewed it before the audit day.
recertification

CORRECTIVE ACTION PLAN CORRECTIONS

PCG NAME: Shirley Ann Agustin

DATE: 01/28/2015

DEFICIENCY: 41 (3P)(a)(2), (4) for ~~Shirley Agustin~~ (PCG)#3
Job experience forms are left blank or filled with "Varied", not
totals as instructed on the form.

How did you correct this deficiency?

Printed another job experience and filled in the total of hours
not "varied"

How will you avoid committing this deficiency in the future?

In the future, I will make sure it is done correctly.

DEFICIENCY:

41, (3P)(b)(2)

Sign out sheets not being used until October. Sign out sheet done
~~incorrectly.~~

How did you correct this deficiency?

Printed out another sign out sheets and make sure to do them
all over.

How will you avoid committing this deficiency in the future?

In the future, I will write down a sign outs whenever I am an
of the house and to sign in the PCG.

DEFICIENCY:

45(a), (b) Fire drills record

How did you correct this deficiency?

Printed out the form and did the fire drill.

How will you avoid committing this deficiency in the future?

To do fire drills every month and record them in my folder not
the patient's folder.

CORRECTIVE ACTION PLAN CORRECTIONS

PCG NAME: Shirley Ann Agustin

DATE: 01/28/2015

DEFICIENCY: 45. (3P) (a)

No Emergency Disaster Plan

How did you correct this deficiency?

Printed out the form from Conties and reviewed it. And made Plan of a Plan in case of any Disaster in my area.

How will you avoid committing this deficiency in the future?

Reviewed this Plan in the future and make sure to have a Plan in case of any Disaster in my area.

DEFICIENCY:

49.1a No budget kept until Jan. 2015

How did you correct this deficiency?

Printed out the form and will update my budget monthly.

How will you avoid committing this deficiency in the future?

In the future, I need to write down my budget to keep me in track with my business and to provide a good assets.

DEFICIENCY:

How did you correct this deficiency?

How will you avoid committing this deficiency in the future?